

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000093617 (5)**  
 1. Corporation Name  
**KENTUCKY MAY MINING COMPANY**



Principal Place of Business: **ONE PROGRESS PLAZA ST. PETERSBURG FL 33701**

Mailing Address: **C/O FRY, PAULINE ONE PROGRESS PLAZA, SUITE 2000 ST PETERSBURG FL 33701 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number: **59-3347197**

Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**FRY, PAULINE M ONE PROGRESS PLAZA SUITE 2000 ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLER, RICHARD D</b>	
STREET ADDRESS	<b>% ONE PROGRESS PLAZA</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEADE, L E JR.</b>	
STREET ADDRESS	<b>108 E. MAIN STREET, SUITE 210</b>	
CITY-ST-ZIP	<b>KINGSPORT TN 37680</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, LARRY J</b>	
STREET ADDRESS	<b>ROUTE 80 WEST</b>	
CITY-ST-ZIP	<b>MARTIN KN 41649</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOMBINO, MICHAEL V</b>	
STREET ADDRESS	<b>ONE PROGRESS PLAZA</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33701</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HALEY, KATHLEEN M</b>	
STREET ADDRESS	<b>ONE PROGRESS PLAZA</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33701</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>MUCCI, RALPH S</b>	
STREET ADDRESS	<b>ONE PROGRESS PLAZA</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33701</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HOPKINS, SAMUEL M. II</b>	
1.3 STREET ADDRESS	<b>ONE PROGRESS PLAZA</b>	
1.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MEADE, L. E. JR.</b>	
2.3 STREET ADDRESS	<b>415 BROAD STREET, SUITE 640D</b>	
2.4 CITY-ST-ZIP	<b>KINGSPORT, TN 37660</b>	
3.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SMITH, GARY JOE</b>	
3.3 STREET ADDRESS	<b>1045 ARNOLD FORK ROAD</b>	
3.4 CITY-ST-ZIP	<b>KITE, KY 41828</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>1000024699001</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-03/27/98--01002--016</b>	
5.3 STREET ADDRESS	<b>***150.00</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Kathleen M. Haley* KATHLEEN M. HALEY, Secretary

CR2E034 (10/97)

*PE 3/26*